



IPW  
AF  
USSN: 09/464,795  
Dkt. No.: PXE-007.US  
9400-0002

**PATENT**

**CERTIFICATE OF MAILING PURSUANT TO 37 CFR § 1.8**

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on **September 6, 2005**.

9/6/05  
Date

Michelle Hobson  
Signature

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

In Re Application of:

ZHANG et al.

Serial No.: 09/464,795

Filing Date: December 16, 1999

Title: NON-INVASIVE EVALUATION OF  
PHYSIOLOGICAL RESPONSE IN A  
MAMMAL

Examiner: Anne Marie Falk

Group Art Unit: 1632

Confirmation No.: 8087

Customer No.: 20855

**TRANSMITTAL**

Mail Stop After Final  
Commissioner for Patents  
P. O. Box 1450  
Arlington, VA 22313

Dear Sir:

Transmitted herewith for filing are the following documents in the above patent application.

- X Response After Final (13 pages)
- X Petition for Extension of Time (2 pages)
- X A return receipt postcard

The fee is calculated as follows:

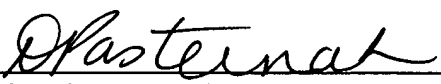
|  | NO. OF<br>CLAIMS | CLAIMS<br>PREVIOUSLY<br>PAID FOR | EXTRA<br>CLAIMS | RATE       | FEE             |
|--|------------------|----------------------------------|-----------------|------------|-----------------|
| Total Claims   | 10               | - 64                             | 0               | x \$50.00  | \$0             |
| Independent<br>Claims  | 1                | - 7                              | 0               | x \$200.00 | \$0             |
| Multiple dependent claims not previously presented, add \$360.00 |                  |                                  |                 |            | \$0             |
| Total Amendment Fee  |                  |                                  |                 |            | \$0             |
| Petition for Extension of Time Fee                               |                  |                                  |                 |            | \$120.00        |
| <b>TOTAL FEE DUE</b>   |                  |                                  |                 |            | <b>\$120.00</b> |

X Check in the amount of \$120.00.

The Commissioner is hereby authorized to charge any appropriate fees under 37 C.F.R. §§1.16, 1.17, and 1.21 that may be required by this paper, and to credit any overpayment, to Deposit Account No. 18-1648.

Respectfully submitted,

Date: September 6, 2005

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